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LECTURES ON HERNIA, GIVEN AT THE CITY HOSPITAL, BOSTON.

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[Communicated for the Boston Medical and Surgical Journal.]

No. II.—*On the Differential Diagnosis, and the Operations formerly proposed for the Cure of Hernia.*

WE have previously spoken of the means of distinguishing femoral from inguinal hernia. To distinguish between an oblique and a direct inguinal hernia, when recent, is easy; the older the ruptures, the more difficult the differential diagnosis becomes; for the inguinal canal grows shorter and shorter under the pressure of the hernia, until, in an oblique rupture, the rings are dragged opposite each other. Of course the relation of the hernia to the epigastric artery remains unchanged; but whether for taxis, or for operation, it makes but little difference to which kind such a hernia originally belonged. The taxis is almost directly backwards in these old cases; and in a strangulation we cut the stricture upwards, and would be equally sure to avoid the artery, whether it lay inside or outside the hernial sac.

Atrophy of the testis and varicocele are very common accompaniments of these long-continued ruptures. When, however, we want to diagnosticate hernia as hernia, or to distinguish it from other things, we need to seek for and use every means of diagnosis.

Hernia is diagnosticated, in the first place, by the impulse communicated to the hand, placed on the tumor, by coughing, or any expulsive effort. There is a false and a true impulse. The false impulse is that shock given to the hand placed over the inguinal region of a healthy person, and is due to motion communicated to the walls of the abdomen. The true impulse is a very different sensation. It is of a peculiar thrilling character, feeling like a shock transmitted through air and water. No words can describe a sensation accurately; but this impulse is also peculiar in being dilating and diverging. The tumor may be seen to dilate on coughing; and if we place two fingers on it, a little distance apart, they will diverge and separate from each other with every impulse.

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One of the first things the patient notices is a bulging opposite the internal ring, in ordinary, oblique hernia. This may be accompanied with a feeling of something having given way, if the rupture be produced by violence, and the funicular process entirely closed.

It is, of course, in this early stage that the hernia is most amenable to treatment; but it unfortunately often happens that the rupture comes on so slowly and insidiously that the patient does not observe it until it has descended into the scrotum.

One of the first questions we ask the patient is, whether the tumor disappears on lying down. This is not only a diagnostic mark of hernia, but important as showing whether it be reducible or not; and it must be borne in mind that an adherent sac, or a small piece of omentum adherent to the sac, may be irreducible, and leave a small permanent tumor after the bulk of the rupture has been returned.

A hernia always grows from above downwards also, which distinguishes it from enlargements beginning in the scrotum.

Varicocele is perhaps oftener confounded with hernia than any other swelling; as before said, they often exist together. *Varicocele*, alone, is more common than hernia. Hernia is most frequent on the right side; varicocele on the left, from the peculiar distribution of the left spermatic plexus of veins. A varicocele may be very large; and, like hernia, it diminishes on the patient's lying down. The blood slowly flows back into the general circulation in the horizontal position. The feeling of the two tumors is different. Hernia is irregular, like the coils of intestine; and we can sometimes distinguish the convolutions through the skin. If omentum, it is soft and doughy in feel; if intestine, we have the yielding, bubbling sensation of air and water, and perhaps resonance on percussion. Varicocele is more rounded, and feels like a mass of irregular, but rather parallel threads or worms. Particularly if the patient be made to lie down, we can empty and distinguish the separate, dilated veins. We also often see varicose veins in the skin of the scrotum, in varicocele. Finally, there is no impulse in varicocele when the patient coughs.

Hydrocele, also, is very often confounded with hernia. In a true, typical hydrocele, formed in a closed tunica vaginalis, the diagnosis is not difficult; yet even here we may have hernia coëxisting, and lying on top of the hydrocele. A simple hydrocele is globular or pyriform in shape, and increases slowly from below upwards. It is usually transparent to transmitted light; but owing either to thickening of its investing sac, or to change in its contents, it is far from being transparent always in an old hydrocele. We can always feel the cord between a simple hydrocele and the outer ring. We find no neck to the tumor, losing itself in the inguinal canal, as in hernia. We have no impulse on coughing, and it slowly and steadily enlarges; and never recedes, or disappears, from changes in position. But if it be a congenital hydrocele, it runs up into the inguinal canal.

It slowly disappears, emptying itself into the abdomen, through the patent vaginal process of peritoneum, on lying the patient down, and it has a thrilling impulse communicated by coughing. Its transparency, its shape and feel, and the slowness with which it returns into the abdomen, or recurs in the scrotum on standing up, are the chief distinctions of a somewhat difficult diagnosis.

In a hydrocele of the cord we have a hard, cyst-like tumor on the cord, without impulse and without change of shape or position. But if the hydrocele of the cord extend into the inguinal canal, we may have some impulse and reducibility, from non-closure of the funicular process, at the inner ring. These cases are often sufficiently puzzling.

A *testis not descended* into the scrotum, and becoming arrested in the inguinal canal or at its exit, may simulate hernia—that is, hernia still a bubonocoele. The want of impulse, the glandular feel, the pain on pressure and the peculiar appearance of the scrotum, are usually enough for diagnosis. Sometimes, however, a late descent of the testis, complicated with hydrocele of the cord, or a rupture which may occupy the enlargement of the inguinal canal where the testicle lay, may render the diagnosis very difficult.

From *orchitis* (hernia humoralis) a rupture is distinguished by the history, acuteness, redness, inflammation and pain of the former, as well as the want of impulse and constant presence and increase of the tumor.

A *cancerous or tuberculous testis*, or one simply hypertrophied, may be mistaken for hernia; but we have the history, the gross appearances and the want of impulse to guide us.

From an *hematocoele* we may distinguish hernia by the same rules, with the added fact of ecchymosis.

Various *tumors* may exist in the inguinal or femoral regions to mislead us. These are fatty and glandular tumors, and cysts. They also are distinguished from hernia by having no neck, being irreducible, with no impulse, and being more or less movable under the skin.

Finally, we have *deep, chronic abscess*. A pelvic abscess, the result of pelvic cellulitis, appearing in the groin, is distinguishable from hernia by the walls of oedema and lymph which surround it. A *psaos abscess* is more deceptive. It generally has a soft sac without lymph. It descends in the femoral region, beneath Poupert's ligament, but outside the femoral artery. Sometimes, however, it comes down inside the artery, and in the course of crural hernia. But after passing through the crural opening, it spreads out beneath the fascia lata into an irregular, fluctuating swelling, and does not take the direction of crural hernia, through the saphenous opening. An impulse is felt on coughing, which gives a peculiar thrill to the finger. The history, constitutional condition, and, perhaps, the ap-

pearance of the spine, ought to furnish some marks of distinction from hernia.

So common an infirmity as hernia has led men in all ages to attempt its radical cure. Therefore we shall find that from Celsus down, patients have been subjected to all sorts of operations; all useless, and many of them cruel and unjustifiable. These attempts at a radical cure consisted of, rest; compression; medicinal applications; incision; excision; cauterization; ligature; the royal stitch; the punctum aureum; scarification; castration. There were another set, comprised in the present century. For convenience, we may divide all these operations into two classes:—1st. Those which deal with the sac alone; 2d. Those which attempt to cure by invagination.

The cure of hernia solely by *rest* has been tried, at intervals, from Fabricius to a recent date. In a report on it, in 1840, the following conclusions were arrived at:—that it is possible to cure hernia by the horizontal position long continued; that a diminution of the diameter of the canal and a restoration of its obliquity is obtained; but that the patient must be possessed of considerable vigor, and that it is inapplicable in old cases, where the canal is reduced to a mere ring.

With regard to *compression*, much can be done. Malgaigne expressed the opinion that all hernias could be cured if proper attention were paid to the truss. Experience inclines us to the opinion that pressure is very uncertain in its effect, and cannot be relied upon except in children.

All trusses made for the radical cure are convex in the pad, with a very stiff spring. If the pad be hard, as well as convex, it is thought that it tends to dilate the outer ring more than to excite adhesions. Influenced by this belief, Mr. Wood has constructed an original truss, which is not rounded, but flat in its pressure, and which has a slot cut part way to allow the free passage of the cord and vessels unobstructed. Whenever we have seen this truss used it has been effectual, and worn with great comfort. It is of the highest importance in infancy and early childhood that a congenital rupture should be kept out of the inguinal canal, in order to give the parts a chance to close. We believe that the chances of cure by truss pressure are in direct proportion to the youth of the patient. Two months of occlusion of the bowel from the inguinal canal in infancy will do more for a radical cure than two years later in life. In infants it is very difficult to keep a truss in place without chafing. In them, it seems to us, that a flannel spica bandage might be worn, made to take off by buckles, and having at its point of intersection over the groin some hard pad, like sheet lead, sewed into it. Several of these could be kept ready, so as to change when they became wet; or a still simpler means might be employed, by retaining the rupture with a strip of isinglass plaster, which could be easily

changed. The early and continuous treatment of umbilical hernia is of equal importance.

Almost every form of *medicinal application* was employed in the days of polypharmacy for the cure of rupture. Claudius gives a cerate of thirty-three ingredients, four of which were the blood of dragon, goat, man and bat. These, of course, are mere matters of curiosity.

Incision of the sac has been practised as late as 1832, when Larrey made an unfavorable report on it. *Excision* of the sac was done by Celsus, and in the middle ages.

Cauterization, though carried to a barbarous excess, really effected some cures. Repeated applications of the actual or potential cautery were made until the parts were destroyed down to the bone, and the pubes denuded of periosteum; when, after exfoliation, a contracting cicatrix became firmly adherent to the bone.

The *ligature* was used by Celsus, Paulus Ægineta and others, and consisted in dissecting out the sac and tying it below the ring, usually sacrificing the cord and testis.

The *royal stitch* was a modification of this, by which the testis was saved; and was so called from its saving subjects to the king.

To Ambrose Paré is due the *punctum aureum*—a more philosophic method—by which the sac was obliterated without injuring the cord. An incision having been made down to the sac below the ring, a golden wire was passed twice around it, and tightened, moderately, for three days. It was then cut short and left in the wound, which cicatrized over it.

Scarification of the sac has been done in older and more recent times, without injury.

The abominable practice of *castration* to cure rupture was done largely. The sac and testis, having been exposed, were torn from the scrotum, producing excruciating pain; and the sac was tied with a ligature. Other surgeons tore out the testis and concealed it quickly, that the bystanders might not see it. In 1710, a man was sent to the galleys for operating by castration; and in 1735, a woman was public whipped at Rheims for the same offence. Yet so late as 1799, in France, castration for rupture was practised by charlatans; and the Bishop of St. Papoul found five hundred in his diocese so mutilated.

Græfe's operation, described in Berlin so late as 1813, is almost as hazardous and rough. It consisted in dissecting out the sac and cutting it off just below the ring, and then inserting a plug of lint, rubbed with some irritating ointment, into the inguinal canal. A much more reasonable mode was that of concluding the operation for strangulated hernia by fastening a portion of omentum into the inguinal canal. Both Cooper and Velpeau succeeded in this manner in securing a radical cure.

Schuh, of Vienna, Rattier and Moesner, all operated by *setons*.

Belmas performed two very complex operations for a radical cure. The first consisted, essentially, in introducing a bag of gold-beater's skin into the sac of the hernia; the second mode was by inserting filaments of gelatine, as setons, into the sac. There were other minor points about the operation, which we have not space to describe here.

Bonnet operated by inserting wires, with corks on the ends, across the sac;

Mayor, of Lausanne, by stitches through the sac, retained and tightened by being fastened over sponges externally.

Malgaigne advocated acupuncture of the sac, and subsequent pressure.

Velpeau and *Pancoast* have both operated by injecting the sac with tincture of iodine, or cantharides. The difficulty consists in hitting the sac, by a subcutaneous puncture.

Velpeau and *Guérin* have also operated by a lance-shaped subcutaneous knife, pushed into the inguinal canal, and scarifying it, and then applying pressure.

Verdier advocates the frequent employment of a cold douche, with an upward jet.

These operations all deal with the sac alone; they convert a scrotal hernia into a bubonocoele, and a new sac is formed after a longer or shorter time, from the loose folds of peritoneum.

We now come to the second class of operations for a radical cure, which act by invaginating some tissue into the inguinal canal.

The first, and one which has been formerly quite popular, is *Gedy's* method. He operated by stitching up the invaginated scrotum and sac to the inguinal canal and skin of the abdomen by several loops of ligature, whose free ends are tied over quills on the outside, and whose bellies hold up the invagination. He then denuded the invaginated skin of cuticle by ammonia, and hoped to get granulation and adhesion in the inguinal canal.

Syme did a very similar operation with a bit of catheter.

Signorini operated in a very bold way, which he called intro-retroversion. He invaginated the sac so far that he could stitch it round the inner margin of the crural opening, and thence to the skin of the thigh, where it was scarified.

Haller stitched up the invagination by threads passed through a bit of cork.

The operation of *Wurzer*, of Bonn, enjoyed the most repute previous to Wood's. It was done by the aid of an instrument, consisting of a perforated cylinder of wood, a needle within, with a false point, which can be unscrewed, and a second half-cylinder of wood to press down upon the skin over the inguinal canal. The operator invaginates the scrotum into the inguinal canal by means of the whole cylinder, and then pushes on the concealed needle, which pierces the skin of the abdomen near the inner ring. Its point is

now unscrewed, and the half-cylinder fastened on to it by two screws—one at the needle-point, the other near the handle of the instrument. This is now screwed down moderately, so as to compress the wall of the abdomen and of the inguinal canal between it and the cylinder within the canal. If thought desirable, the invaginated skin can be denuded by acids. The apparatus is left on a number of days, until sufficient adhesive inflammation has taken place. This operation has met with some success.

M. Leroy d'Etoile has proposed an ingenious method for a slow, radical cure, by having a short invaginating plug fastened to a truss, which latter will keep up a constant, spring pressure on the canal.

That of *M. Sotteau* has many points of resemblance to Wurzer's operation, only it is more complicated. He drives needles through the invagination in the inguinal canal, from without inwards, and from within outwards, and, fastening blocks of wood over the points, compresses the skin.

According to Mr. Wood, these operations of invagination have failed for three reasons:—

First; because the skin of the scrotum tends to draw out the invagination by its weight and elasticity.

Second; they dilate the rings, and make them more patulous than before.

Third; they fail to act on the posterior wall of the canal.*

AN ARSENIC-EATER.

[Read before the Medical Society of Quebec, Canada East, and communicated for the Boston Medical and Surgical Journal.]

By F. A. H. LARUE, M.D.L., Professeur de Médecin Légale et de Toxicologie à l'Université Laval, Quebec, C. E.

DURING the winter of 1864–65, there appeared in the *Quebec Gazette* a series of articles under the heading of “Arsenic vs. Consumption,” in which the writer maintained that arsenic was a powerful remedy against pulmonary consumption, and stated that he himself had used it as such, with good effect, for many years, and was still in the habit of doing so from time to time.

Wishing to elucidate more fully what appeared to me an important fact, I waited on the Editor of the *Gazette*, and requested him to put me in communication with the writer. He promised to do so, and a few days after, a person called on me, assuring me that he would readily give me all the information I required.

We proceeded to my laboratory in the Laval University, and on my asking him what quantities he usually took, he said he knew little about doctors' weights and measures, but that he sometimes took

* NOTE.—We are indebted for the historical part of this paper, to a very great degree, to Dr. Bryant's Boylston Prize Essay, on the Radical Cure of Hernia, for 1847.

larger and sometimes minor doses. He then, with a small silver coin, scooped out a from a bottle of pure arsenious acid what he termed a large dose, and which, on weighing, I found to contain somewhat over three grains; then a minor dose, weighing about a grain and a half. B. swallowed the last dose in my presence. I afterwards weighed another half grain, which he mingled with the tobacco that he was smoking, filling the laboratory with a strong odor of garlic. He remained with me three hours, after which he departed in perfect health, and without having shown the least symptom of disorder.

I lost sight of B. for some time, when, on the 26th of April last, I met him casually, and asked him if he still used arsenic. He answered by taking from a paper in his pocket several grains of arsenious acid, and swallowing it without hesitation. I requested him to call upon me the next day at two in the afternoon; he did so, and we proceeded to my laboratory. I shall now take the liberty of transcribing, almost *verbatim*, the notes which I took during the course of the experiments.

April 27th.—At twenty minutes to 3, P.M., B. requested me to weigh him what I considered a reasonable dose. I accordingly, by aid of a small balance, the precision of which I had previously ascertained, weighed *two grains* of arsenious acid, chemically pure, and taken from my own laboratory. I presented him the dose. "Is that all?" said he; "you may treble the dose." Fearing to add too large a dose, I added but two more grains. B. then took the *four grains*, placed them on his tongue and swallowed them. He immediately afterwards lighted his pipe and conversed freely. I watched him constantly, to assure myself that he did not reject the poison.

3, P.M.—I asked B. if he felt any unusual symptoms. He answered that the dose had produced on him no more effect than if he had taken a glass of cold water. At his own request, I weighed another grain, which he mingled with the tobacco in his pipe, and smoked it.

3.30.—B. has not ceased conversing since he took the dose. He spoke chiefly on the wonderful properties of arsenic, related what he had heard said of the Chinese on this point, and explained his theories on the mode of action of this medicine. He alternately sits and walks, and smokes unceasingly.

3.45.—He again assures me that he does not feel the least unusual symptom; he expresses a wish to take a glass of wine. Accordingly, I ask him to accompany me to a hotel, and at 4 o'clock B. took a glass of port wine and lighted a cigar.

At twenty minutes to five, exactly two hours after he had taken the arsenic, I told B. that he was at liberty to go away, on condition that he should call on me in a few hours, and consent to repeat the experiment another day. "Better do it at once," said he; "at any rate, I shall be at your house at half past six, when I will take a

second dose and stay with you until midnight, if you wish it." I accepted his offer, and we parted.

At half past six, B. came to my house, as well as ever. During the interval he had gone to the Lower Town, to several places, and had not yet taken supper. "Hence," said he, "as I have come to remain with you till midnight, you must give me supper." I told him that after some reflection, I did not like to assume the responsibility of administering him any more of the poison that day; that we would resume the experiment another day. B. remained with me till 7½, and left in perfect health.

28th.—At 10½, A.M., I saw B. at his work. He was in high spirits, and assured me that he had not experienced the slightest inconvenience from the dose of the previous day. I again saw him at 1, P.M.; he was just dining very heartily, and to my inquiries whether he had had any evacuation from his bowels, he replied that he had not since ten o'clock the preceding morning, viz., four hours and forty minutes before he took the four grains of arsenic.

On the 27th (the day of the experiment), B. had breakfasted at 9½, A.M., on toast and chocolate, and at noon had taken a plate of pea-soup.

History of B.—Age, 47; temperament, lymphatic; good constitution; hair and whiskers reddish, both abundant—the latter sprinkled with gray. An Englishman by birth, B. has been in Canada since 1837.

B. has had three severe illnesses during his life; typhus (?) in 1839, an attack of cholera in 1849, and later *pulmonary consumption* (?). Besides these, he has always been subject to what he calls bilious headaches. He lives regularly, but was formerly addicted to an inordinate use of strong liquors. His appetite is good; nevertheless, he has never been a great eater. His complexion (notwithstanding the popular opinion as to the effect of arsenic) is not clearer than ordinary. He has frequently made use of emetics and purgatives, which have produced on him the same effect as on others; he even asserts that he is very susceptible to the action of the latter. He takes a great deal of exercise, and smokes inordinately.

Phthisis pulmonalis is hereditary in his family. His father died of it at the age of 39. Four of his paternal uncles and several of his cousins have died of the same disease. His mother, however, died at a very advanced age, and there have been no symptoms of phthisis in her family.

In the year 1853 or 1854, B. thought he was attacked with consumption. He coughed painfully, was hoarse, became emaciated, and had profuse night-sweats. He one day read an article in an old periodical, in which arsenic was suggested as an excellent remedy for consumption, and determined to make a trial of it. He accordingly bought two ounces of white arsenic, and immediately began to use it, without having the least idea of the quantity to be taken. The doses which he then used were as large as those he now takes.

When he first began to take arsenic, he used it six or eight weeks consecutively without any interval. Sometimes he took it five or six times each day; at other times three times a day, and sometimes only once or twice. He consumed the two ounces which he had bought in those six or eight weeks. He always took the first dose in the morning, about two hours before breakfast. At first, the morning doses had the effect of clearing his throat of a certain quantity of mucus, after expectorating which he usually felt weakness accompanied by cold perspiration—sensations, according to him, similar to those felt by a person who has just vomited. But the arsenic, he says, never made him vomit, nor even created nausea. While in this state, he generally dozed for a few minutes, and then smoked a pipe, mingling another dose of arsenic with the tobacco. In less than five minutes all these symptoms disappeared. B. does not now experience the same feeling after the use of arsenic. He is firmly convinced that he should have died of consumption long since, had he not taken to the use of arsenic. He says that arsenic never caused any relaxation of his bowels.

B. is married and has a family of six children, all healthy; the eldest is 29 years old, the youngest 11.

B. is intelligent, and has received a good education. "I have read," said he to me, "all that the doctors say about arsenic, and feel convinced that they know nothing at all about the matter." He would not, on any consideration, take arsenic in a state of solution. His reading has made him familiar with the constitutional symptoms produced by arsenic, which he declares never to have experienced in the slightest degree, even after six weeks constant use of the doses.

He withholds his name in connection with these experiments, lest, as he says, he might be looked on as a walking curiosity, and has consented to them simply from a desire to render some service to science.

He places greater confidence in the arsenic he smokes than in that which he eats; and whenever he has a cold, he takes or smokes arsenic, which he always carries with him as a cure. He refrains from drinking water for some time after eating arsenic, but takes willingly a glass of wine or of beer.

His general health is good, never suffers from pains in the stomach or bowels, which are regular in their action.

Quebec, June 17th, 1866.

The Degree of D.D.S.—The number of graduates at the Pennsylvania College of Dental Surgery this spring, was 36; at the Philadelphia Dental College 15, and at the Baltimore College of Dental Surgery 10, among whom three were from New England.

Reports of Medical Societies.

VERMONT MEDICAL SOCIETY. (Reported for the Boston Medical and Surgical Journal by L. C. BUTLER, M.D., Secretary.)

THE semi-annual session of this Society was held at Brattleboro', on the 13th and 14th of June; Dr. McCollom, of Woodstock, President, in the chair. The session was opened with prayer by Rev. Dr. Tyler, of Brattleboro'. The proceedings of the annual meeting were read by the Secretary, Dr. L. C. Butler, of Essex.

On motion of Dr. C. P. Frost, the members of the Connecticut River Medical Society present were invited to take part in the proceedings of this meeting.

The President, in a very appropriate and feeling manner, announced the decease of Drs. H. F. Stevens, of St. Albans, and S. P. Danforth, of Royalton, members of this Society. Dr. H. D. Holton announced the death of Dr. John Campbell, of Putney, a practitioner of over fifty years' standing.

On motion of Dr. Warner, it was ordered that a committee of three be appointed to prepare and present resolutions expressing the respect of the Society for our deceased brothers, and of sympathy with the afflicted relatives and friends; and also to recommend suitable persons to prepare biographical sketches of each, to be presented at the annual meeting.

Drs. E. D. Warner, J. Perkins and H. D. Holton were appointed such committee.

The Committee on Admission of Members, to whom they were referred, reported the following individuals as proper persons to become members of this Society, and they were duly elected:—Drs. J. P. Warren, F. J. Higginson, W. H. Rockwell, jr., S. W. Bowles, G. W. Horton of Brattleboro', W. H. Ellis of Townshend, F. N. Burdick of Guilford, J. B. Learned of Readsboro', W. B. Moody of Brownington, Lewis Patch of Newport, O. E. Ross of Queechee, George J. Crowley of Shrewsbury, C. A. Scott of Plymouth, M. P. Campbell of Rutland, David Allen of Putney, J. H. Stedman of West Brattleboro', F. J. Swift, Anson L. Pettie of Wilmington, Orman Terry of Bethel, Chas. Clark of Townshend, Geo. B. Haskins, E. B. Nims of Arlington.

Dr. C. P. Frost, of Brattleboro', presented an interesting pathological specimen of cancerous disease of the pyloric extremity of the stomach, extending to the lower portion of the œsophagus, and perforating the walls of the stomach in the direction of the liver. Dr. Frost gave a brief history of the case.

Dr. Bullard, of St. Johnsbury, read a paper on Dysentery as it occurred in Caledonia County, giving a succinct account of its symptoms, progress, *post-mortem* appearances, pathology and treatment. The paper was referred to the Committee on Publication.

Adjourned to 2, P.M.

2, P.M.—The Society again convened, Dr. C. L. Allen in the chair.

Dr. W. H. Rockwell, Superintendent of the Vermont Asylum for the Insane, read a paper on the *Treatment of Insanity*, in connection with which he gave a history of the Vermont Asylum, which has been for so many years under his charge. The paper was referred to the Committee on Publication.

The discussion of Dr. Bullard's paper followed. In reply to a question of Dr. Cushman, Dr. Bullard remarked that in all the cases examined after death in the stage of collapse, there was a highly inflamed condition of the colon and sigmoid flexure. In those that died in six to eight days, it did not exist above the sigmoid flexure, and was not in patches. The epidemic was confined to the Connecticut River Valley.

Dr. Cushman thought the phenomena noticed by Dr. Bullard were such as might arise in the outset of the disease from affection of the organic nerves, as shown by the symptoms of oppression, which were so marked. In the commencement of the disease there was no inflammation of the colon; this latter was secondary. In his locality, he had encountered epidemics of dysentery with complications of various kinds, especially with typhoid and typhus fevers, similar to that mentioned by Dr. Bullard, and in one instance in a region not subject to malarial influences, the cause of which was supposed to be the water used by the patients.

Dr. Russ had observed nausea, tenesmus, with other symptoms, in the cases which had occurred in his vicinity. They did not tolerate medicine well. He treated his cases generally with mercurials and tonics—the latter quite early.

Dr. Fairchild had seen the disease in his locality, one not exposed to miasmatic influences. It was most severe in a single family. It was not the dysentery of former times. The stools were free, full, dark and somewhat feculent, occurring every two or four hours. The pulse was feeble and the system prostrated. He regarded it as typhoid dysentery. In treating it, he kept the patient well under the influence of calomel and opium, with starch injections, and lost but two cases.

Dr. Graves, of New Hampshire, mentioned several cases in his locality, which exhibited a strong typhoid character. He relied upon calomel and opium, in small and frequently repeated doses, with brandy as a stimulant.

Dr. Perkins was reminded of similar cases in his practice, about the same time with those of Dr. Bullard. The disease began early in the season, and was characterized by frequent evacuations, severe tenesmus, with biliousness. The accession of the disease was gradual; there was listlessness, with a quiet pulse and slight paroxysms of fever. In the month of September it assumed the appearance of jaundice, accompanied by a typhoid condition of the system. Its peculiarity consisted in the biliousness and in the hæmorrhage from the bowels, which latter symptom occurred in relapsed cases, and not earlier than the second or third week of the disease. Some died. Some unexpectedly recovered, but convalescence was protracted, especially in the hæmorrhagic cases. The treatment employed was mercurial alterants, hyd. cum creta, with pulv. Doveri and saline or oil laxatives. In the cases of hæmorrhage, he found it important to control peristaltic action, which he did by enemas. One remedy employed was muriatic acid, in six- or eight-drop doses, in some diluent, or sugar, every four or six hours, and with the most gratifying effects. This remedy was suggested to him by its use in one of the London hospitals, and he employed it during the whole febrile course. One of its marked effects was that of a cholagogue. In the hæmorrhagic

cases he added the hydrochlorate of iron, alternated with opiates and quinine. The treatment was very successful.

Dr. Stiles had noticed in the severest cases delirium, occurring in paroxysms, a symptom that had not been mentioned. He had also noticed the hæmorrhage from the bowels, especially under relaxation of opiates. As a prophylactic against contagion, he suggested that the evacuations should not be thrown into the privy, but buried. The disease may be communicated, he thought, from the privy. His plan of treatment was the same as suggested by others. Dr. Stiles also alluded to the subject of *jaundice*, which was largely discussed at the annual meeting. He had not found success in the use of mercurials in its treatment, but had used compound tincture of cinchona, with saline cathartics. Wild cherry bark and cider was a popular remedy among the common people, and some cases were benefited by it.

Dr. H. D. Holton read the elaborate and valuable paper presented by him before the American Medical Association, and the Society unanimously returned him a vote of thanks therefor.

Adjourned to 8 o'clock, A.M., June 14th.

THURSDAY, JUNE 14th, 8, A.M.—The Society convened agreeably to adjournment, the President in the chair.

Dr. Sperry presented a paper on *Scarlatina*, in which he detailed its symptoms as they came under his notice, and advocated the idea of its non-contagiousness and the stimulant plan of treatment. Referred to Committee on Publication. A brief discussion followed.

Dr. Cushman questioned the position of Dr. Sperry in regard to the contagiousness of the disease. In his experience he had found its epidemic form to be contagious, and thought the cooling regimen to be far preferable to the stimulant. In the typhoid condition it may be required.

Dr. Scott had treated *scarlatina* upon a similar plan with Dr. Sperry with success, and thought he thereby avoided the affections of the throat and head.

Dr. Upham detailed an interesting case occurring under his own observation, exhibiting one of the many curious freaks of nature—the discharge of stearaceous, oleaginous matter from the uterus during confinement, and the subsequent discovery of a tuft of hair imbedded in the vagina, both of which specimens were exhibited to the Society.

Dr. Frost, who had seen the case repeatedly in consultation, regarded it as a case of ovarian tumor, the peculiarity of which was the point of the opening, it being through the uterus instead of the abdomen, the discharge taking that direction instead of the ordinary one. The opening was reached by introducing the finger within the os, and to the right side. Dr. Frost read a somewhat similar case recorded in the London *Lancet* in 1854. Dr. Upham's paper was referred.

Dr. Butler read a paper on *The Treatment of Cholera*, the salient point of which was that prophylactic and hygienic measures were quite as important in its treatment as medication. Referred.

An interesting discussion followed the presentation of this paper, in which Drs. Warner, Stiles, Frost, Cushman, Emmons, Perkins, Hunt, and E. M. Snow of Providence, R. I., participated.

Dr. Warner referred to the feelings which he had when he first

heard of the advent of cholera in the old world years ago, and they were now vivid in his recollection as the scourge again threatened to visit our shores. He gave a succinct and graphic history of its progress at that time, and of the ten cases which occurred in his practice. In his opinion, cholera would visit us; we should have it in Vermont. There was no preventive. The first case that came under his observation was that of a man advanced in life; no miasm surrounding him; not exposed in any way, as he knew of; and he knew of no exciting cause for the disease. A general choleraic diathesis prevailed. In his opinion, no quarantine or sanitary regulations could prevent its approach to our shores, or insure us against its attack.

Dr. Cushman related several cases which occurred in his practice during a former epidemic of the disease. In the west half of his town there was diarrhœa, but no cholera. His first case was near the lake, and several others occurred in the vicinity. As the results of his observation, he gave it as his opinion that the cholera virus was carried along in the air, making a narrow belt of choleraic atmosphere. He did not think it contagious. In the treatment, he used calcined magnesia for the mitigation of the stomach symptoms, and next to opiates with some success.

Dr. Emmons was visiting near Quebec when the epidemic first appeared there, and saw one of the first cases that occurred. Nearly all the cases that came under his observation out of the city were among persons who went into Quebec for trading purposes and returned, carrying with them the virus that prostrated them, and among those who were indiscreet in their habits.

Dr. Perkins related a well-marked case of the disease, in which he employed strychnia with opiates, with success.

Dr. E. M. Snow, of Providence, R. I., being present, was introduced to the Society, and requested to communicate his views upon the subject under discussion. Dr. Snow gave a brief *résumé* of the symptoms of cholera, the measures necessary to be employed in its prevention, and of the treatment which he regarded as preferable to others. This latter was that proposed by Dr. Hartshorne, of Pennsylvania. Dr. Snow's views upon the necessity of quarantine regulations and upon the contagiousness of cholera are well known to the medical reader, as also his views with regard to the paramount importance of proper sanitary measures to protect the community against the ravages of the scourge. Dr. Snow called the attention of the Society to the similarity between the symptoms of cholera and those of poisoning by arsenic, and suggested whether the antidotes for arsenical poisoning might not be employed in the treatment of cholera with success. Adjourned to 1½, P.M.

1½, P.M.—The Society met according to adjournment, the President in the chair.

Dr. H. D. Holton introduced the subject of the manufacture and sale of patent medicines so called, by members of this Society, and stated that a firm, one of whose members belonged to the Vermont Medical Society, was engaged in such sale and manufacture, and was issuing handbills and circulars, recommending and extolling a remedy for diphtheria. The subject gave rise to considerable discussion, and, on motion of Dr. Holton, a committee of one was appointed to inquire

into and report the facts in the above case at the next annual meeting. Dr. E. D. Warner, of New Haven, was appointed such committee.

Dr. Warner, from the Committee on Obituary Resolutions, made the following report, which was unanimously adopted:—

"Whereas it has pleased the wise Disposer of all things to remove our brothers [Drs. H. F. Stevens of St. Albans, S. P. Danforth of Royalton, and John Campbell of Putney] from their spheres of benevolence and duty, it becomes us to bow with reverent submission to this inscrutable dispensation; and while we entertain and express profound sorrow at the event which has severed from us those whom we loved and esteemed, to tender our sympathies to those who, in this bereavement, experience a deeper sorrow and more enduring grief, therefore

"Resolved, 1st, That in this dispensation it is due to those for whom we mourn, and to us their associates, that we contemplate their virtues, that we study on the life page which they left us, the self-reliance, the perseverance, the self-denial, and whatever of gentle bearing and Christian integrity made them what they were—skilful physicians, trusted and loved by their patrons, honorable companions and councillors of their brethren and co-laborers with them in their associated endeavors to elevate the standard of medicine and extend the sphere of its utility; and that whilst we record their example we will affectionately cherish their memories and endeavor to imitate their virtues.

"2d. That we tender to the families of our deceased brothers our most sincere sympathies, and earnestly desire that they may find alleviation of their deep sorrow in the remembrance of the virtues and high rewards of those whom we shall meet no more on earth.

"3d. That the Secretary of the Society be instructed to transmit a copy of the foregoing resolutions to the several families of the late deceased members of the Society—Drs. Stevens, Danforth and Campbell.

"The committee furthermore nominate to the duty of presenting a biographical memoir of Dr. Stevens, Dr. O. F. Fassett, of St. Albans; of Dr. Danforth, Dr. Hiram Crandall, of Burlington; of Dr. Campbell, Dr. H. D. Holton, of Putney."

The distribution of the second volume of the Transactions of the Society to periodicals, societies, libraries, &c., was left discretionary with the Secretary.

Dr. Higginson, on behalf of the profession in Brattleboro', tendered thanks to the Society for holding its session in this place, and for the entertainment, instruction and profit they had received from the meeting.

Dr. Warner responded on behalf of the Society, expressing thanks for the cordial manner in which the profession of Brattleboro' had greeted and entertained its members, and assured them that the pleasant scenes of this session would long be held in grateful remembrance.

Dr. Holton moved a vote of thanks to Dr. Snow, of Providence, R. I., for his attendance and remarks on this occasion. Passed *nem. con.*

Dr. Richmond moved a vote of thanks to the several railroads for the courtesy of half fare, and to the people of Brattleboro' for the use of their commodious Town Hall. Passed *nem. con.*

Dr. Russ moved that the Committee on Publication have discretion-

any power to publish or reject any papers which may be referred to them by the Society. Passed *nem. con.*

Dr. Perkins moved the appointment of a committee of three to take into consideration the following topics and report at the annual meeting in October next, viz. :—1. The order of business of the Society. 2. The appointment of a committee of one from each county to act as censors in the admission of members. 3. To make the necessary arrangements for proper resolutions and obituary notices of deceased members of the Society. Passed *nem. con.* Drs. H. D. Holton, Bul-lard and J. S. Richmond were appointed said committee.

During the session, several physicians from Massachusetts and New York were introduced to the Society and invited to participate in its proceedings.

The attendance was larger than at any previous semi-annual meeting. The sessions throughout were interesting and instructive. Upon invitation of Dr. Rockwell, Superintendent, the members of the Society visited the Vermont Asylum for the Insane under his charge, and were highly gratified with the excellent facilities afforded therein for the treatment of that unfortunate class for whom it is intended.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, JUNE 28, 1866.

SANITARY INSPECTION OF BOSTON—THE BOARD OF HEALTH.

WHEN, a few weeks since, it was publicly announced that the Board of Health had at last consented to forego so much of their special prerogative of exclusive guardians of the public health, as to authorize a thorough, searching inspection of the whole city in all its nooks and corners, by competent officers, it did seem at last that something like a "realizing sense" of the numerous sources of zymotic disease to be found in every quarter had come home to the obtuse consciousness of its members. Not one moment too early did they decide to entrust this responsible duty to the City Physician and his able coadjutors. The great public nuisances which for a year past have called forth unceasing complaint from an indignant community, and the less obtrusive, but none the less dangerous pestilence-breeders hid away in filthy cellars, seemed at last to be in a fair way to be removed. Indeed, we think that the previous culpable remissness of the public health officers was for a time nearly forgotten in the general gratification at the prospect of such a purgation. As the inspection has gone on, we have heard from time to time of the horrible condition of the tenements of some of the poorer parts of the city unearthed by the inspectors, and of the discovery, even among the residences of some of our wealthier citizens, of local impurities which were anything but creditable to the tenants of the premises. The practical working of the inspection only showed how very important it was to the well-being of the whole community, and brought very forcibly to the minds of thinking persons the suggestion that such a supervision ought not to be merely temporary, but should be continued during the summer months at least.

There was, however, one radical defect in the plan, and that has very seriously impaired its usefulness. Neither the inspectors nor the City Physician had any power to correct the evils which they demonstrated; they could only report to the Board of Health, which had already become a proverb of obtuseness to the most patent evidence of intolerable nuisances, and tardy and reluctant action when fairly pushed up to it by the popular clamor. The statements of the inspectors, even, were not regarded as conclusive, but the places reported were re-inspected under the direction of the Superintendent of Internal Health, and thus the special object of the inspection was frustrated. Of what possible use was it to appoint competent medical men to do the dirty work of inspection, if their professional opinion was to be held in complete abeyance to the opinion of an unprofessional health officer? The result has been as might have been anticipated. If we are correctly informed, the work of purification has been in many instances done in the most superficial manner, in some cases not at all; the reports of the inspectors have been sometimes discredited, or treated with disrespect, and at last the inspection has been summarily stopped before completion, without consultation with the City Physician, by the fiat of the dominant Board. It is time that the public took some decided action on this very important matter—time that the control of questions of public health should be taken out of the hands which now hold it, and given to those who by education and character are competent for its duties. Indeed, it strikes one, on the very face of it, as utterly absurd that the Board of Health, to whom all questions of public hygiene must be referred, does not contain a single member of the medical profession, not even the City Physician! And the Superintendent of Internal Health, the executive officer of the whole organization, is a man with so little idea of what constitutes a public nuisance, as to have recently declared that the intolerable stench which has caused so much sickness, and even death, in the neighborhood of Charles Street, was "*nothing but a healthy dock smell which could do no harm to anybody*"! Even as we write, we are compelled to close our windows, with the temperature at 90°, excluding what would otherwise be a most gratefully refreshing evening breeze, because it comes laden with the overpowering effluvium from the great South End cess-pool, a mile or more distant. If the cholera visits us this summer, Heaven help us! for certainly there never was a more feeble, tardy, reluctant, unsatisfactory attempt at removing local causes favoring its propagation than the action of our city officials for the year past.

The practical deduction from all this is plain enough. We want a new Board of Health, organized on an entirely different plan, in which the medical profession shall be represented, and of which the unprofessional members shall at least have the ordinary sensibility to ill odors of all kinds. The Board should have power, too, to correct, if need be, in a summary manner, the evils which come under its cognizance, in the way in which it has been done in New York by the newly organized board there.

A general inspection of the whole city should be made at stated intervals, and in the warm season at frequent intervals; for it is really surprising to find how ignorant the community is touching the dangerous influence of neglected drains and other impurities about their resi-

dences. Until some such radical reform in the whole system is effected we may as well abandon all hope of thorough, efficient, honest action in this vitally important matter.

To our brethren of the medical profession we appeal to use their influence at all times, in season and out of season, to awaken the minds of the people to the importance of this change until public opinion shall be effective to bring it about.

At the eleventh hour, we should rather say the *twelfth* hour, as our article is going to the printer, the City Government has passed orders notifying the proprietors of the premises to abate the Church Street and South End nuisances within a limited period. Our citizens have become pretty familiar with such orders, and have learned that they are not quite so satisfactory as seeing the work done. This special work ought to have been done a year since, and the delay has not arisen for want of a full knowledge by the Health Department of the flagrant evils in question. We see no reason, therefore, for striking out or altering one word of what we have written above concerning the great incompetency of the Health Department as now organized.

American Ophthalmological Society.—The third annual meeting of this Society was held at the Massachusetts Eye and Ear Infirmary on Tuesday, June 12th, and at the City Hospital on the following day, the President, Dr. Edward Delafield, of New York, in the chair. Twenty-two members were present; the cities of Boston, New York, Albany, Philadelphia, Baltimore, Chicago and Cincinnati being represented.

FIRST DAY.—Dr. H. B. Sands, of New York, reported a case of limitation of the field of vision from an extra-ocular cause, illustrated by drawings taken at different periods.

Dr. Dyer, of Philadelphia, gave the results of an examination of the eyes of Probst the murderer before and after the execution. After the body had been cut down, each crystalline lens was found to be opaque and to be fractured *in situ*.

Dr. Hildreth, of Chicago, read a paper on a form of anæsthesia of the cornea and persistent contraction of the pupil, accompanying certain cases of pannus, and relieved by the performance of Hancock's operation. This paper gave rise to a lengthy and animated discussion, at the conclusion of which the Society went into executive session and admitted several new members.

SECOND DAY.—Dr. Hay, of Boston, explained and demonstrated certain optical facts relating to the ophthalmometer of Helmholtz.

Dr. Derby, of Boston, read a paper on the necessity of employing greater accuracy in determining the acuteness of vision.

Dr. Noyes, of New York, reported several cases of retinal separation, operated on by him according to the method of von Graefe.

Dr. Jeffries, of Boston, explained certain facts relating to the anatomy of the ciliary muscle, illustrated by drawings and preparations.

The stated discussion on the various operations for the removal of cataract followed, and occupied the remainder of the session. This discussion will be given in full in the Transactions of the Society.

In executive session, the following officers were elected:—*President*, Dr. Edward Delafield. *Vice President*, Dr. Henry W. Williams.

Corresponding Secretary, Dr. Hermann Althaf. *Recording Secretary*, Dr. Henry D. Noyes.

On the evening of the first day, the Society was most hospitably entertained by Dr. J. H. Dix, at his residence; and on that of the second, the Boston members had the privilege of offering a supper to their brethren from a distance.

Death of Professor Reuben D. Mussey.—The venerable and respected Reuben Durrand Mussey, M.D., LL.D., died last Thursday, in this city, at the residence of his son-in-law, Lyman Mason, Esq., at the age of 86, after an illness of two years, during the larger part of which time he had been confined to his room.

Professor Mussey was a native of New Hampshire, and one of the most learned, practical, and respected surgeons of New England. He was connected with Dartmouth College in various medical professorships, during the period between 1814 and 1838. He then removed to Cincinnati, Ohio, and assumed a professorship in the Miami Medical Institution, being also connected with other institutions of a similar character in that region. During his stay at that place he had a large surgical practice in Cincinnati. He retired from practice about ten years ago, since which time he has published several medical works of much value. The last two years of his life were filled with suffering, above which his patience seemed to bear him, and his death was peaceful and marked with Christian resignation and hope. He was a member of Rev. Dr. Webb's church.

The funeral services were held on Monday afternoon in the Shawmut Congregational Church, and conducted by Rev. Dr. Webb. A brief prayer was first offered, followed by the reading of appropriate passages of Scripture. The funeral discourse was then preached by Dr. Webb from the 18th verse of the 4th chapter of Proverbs:—"The path of the just is as a shining light which shineth more and more unto the perfect day." A brief biographical sketch of the deceased was given, and the energy, progressiveness, and the many Christian virtues which constituted his character presented as an example for his family, and his brethren in his former profession. The services were closed with prayer and a Benediction.—*Daily Advertiser*.

Exhibition of Articles of Military Sanitary Science.—In a recent editorial we called the attention of our readers to the International Association for the relief of the misery of battlefields. It will be seen by an advertisement in this week's issue, under the heading "PARIS EXPOSITION," that efforts are making in this country to secure a full exhibition in Paris of every contrivance which the experience of our recent war has shown to be of value in alleviating the sufferings of war. We hope that the humane objects of the originators of this movement may meet with hearty sympathy and cooperation from our people, especially as any new device to diminish suffering will be of immediate practical value in the general war which seems to be impending in Europe.

Treatment of Cholera.—In an interesting letter to the *Medical Times and Gazette* on the various epidemics of cholera in Jamaica, by Dr. L.

Q. Bowerbank, after speaking of the obstinate prejudices of the ignorant negroes in regard to medical treatment, the writer says:—

"In the prisons and hospitals, whenever such patients refused to submit to treatment or to take the medicines ordered for them, the rule was to put the mattress on the floor, and to lay the patient there, placing by his side a bucket filled with ice-water and a tin pannikin. For the most part, these patients received little or no further care; certainly they were not rubbed and covered up with blankets as the more tractable were. But my experience was that the majority of those thus left to their own resources got well."

Iron in Renal Dropsy.—"The preparations of iron in the Pharmacopœia are numerous, but there is one which in these cases of renal dropsy stands preëminent for its efficacy, and should be preferred in these cases before all others. It is the tincture of the sesquichloride. But it is not as a sesquichloride that its efficacy is most perceived in these cases. It is as an ammonio-chloride, kept in solution by acetic acid, that its beneficial influence becomes most apparent. It is a very simple preparation; a few drops of the tincture, according to the age of the patient, are added to a drachm of the liquor ammoniæ acetatis, previously acidulated with acetic acid.

"If this be not done—if the sesquichloride is added to the neutral liquor, an insoluble ammonio-chloride falls, which is with difficulty again taken up; but, if the saline is first acidulated, a beautiful sherry-red fluid is produced, which is neither unpalatable nor liable to decomposition, and may be kept any time. The tincture of the sesquichloride has long possessed the favorable opinion of physicians in most cases of renal or genito-vesical disorder."—BASHAM'S *Lectures on Dropsy*.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, JUNE 23d, 1866.

DEATHS.

	Males.	Females.	Total
Deaths during the week	30	27	57
Ave. mortality of corresponding weeks for ten years, 1855—1865	34.2	35.8	70.0
Average corrected to increased population	00	00	76.34
Death of persons above 90	0	0	0

MARRIED.—At Hartford, Conn., June 5th, Dr. William O. Bell, of Westfield, Mass., to Miss Sarah M. Tinker, of Hartford.

DIED.—In this city, June 21st, Reuben D. Mussey, M.D., LL.D., aged 86.—In New Orleans, April 2d, 1863, Anthony Peniston, M.D., late Professor of Anatomy in the New Orleans School of Medicine.—In New Orleans, Dec. 2d, 1863, Thomas Peniston, M.D., late Emeritus Professor of Clinical Medicine in New Orleans School of Medicine.—In Charleston, S. C., May 7th, 1866, Henry R. Frost, M.D., Professor of Materia Medica in the Medical College of South Carolina.

DEATHS IN BOSTON for the week ending Saturday noon, June 23d, 57. Males, 30—Females, 27. Accident, 2—apoplexy, 1—inflammation of the bowels, 1—congestion of the brain, 1—disease of the brain, 3—bronchitis, 3—cancer, 3—cancrum oris, 1—consumption, 11—convulsions, 1—croup, 3—dropsy, 1—dropsy of the brain, 3—drowned, 2—erysipelas, 1—scarlet fever, 1—disease of the liver, 1—inflammation of the lungs, 5—marasmus, 1—old age, 1—peritonitis, 1—premature birth, 1—scrofula, 1—smallpox, 1—tumor, 1—umbilical hernia, 1—unknown, 5.

Under 5 years of age, 24—between 5 and 20 years, 5—between 20 and 40 years, 12—between 40 and 60 years, 10—above 60 years, 6. Born in the United States, 43—Ireland, 10—other places, 4.